FOR INSTRUCTIONS, SEE BACK OF FORM		FORM A ETHICS ANTEMENT
CHECK ONE:		DR PAIGN DEC ASUBE BD.
☐ This is an initial* Statement of Organization	Reset Form	(Rev. 01/2006) ORGANIZATION
☐ This is an amended* Statement of Organization		For Office Use Only AM 9: 21
*An initial Statement of Organization must be filed within 10 days of the c	committee's accepting contributions,	Condition HAT ZO ALL J. Z.
making expenditures, or incurring indebtedness exceeding \$750. Amenda change. Penalties may be imposed for late-filed Statements of Organi.	dments must be filed within 30 days of	Indexed
committee that exceeds \$750 in activity for another office shall file within	10 days either a new or amended	Audited
DR-1 disclosing information concerning the campaign for the new office	sought.	Computer
COMMITTEE NAME ↓ ↓ (A candidate's committee must include	the condidate's last name in the name of	i the committee \
Dale E Walter Trace To S	ine candidate's last name in the name of	the committee.)
DALE E. WALTERS FOR Supi		
IMPORTANT: Indicate type of committee you are reporting for: 5		
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC		
(10) School Board or Other Political Subdivision PAC (11) Local E	er Political Subdivision Candidate(8 Ballot Issue (including committee invo)County PAC (9)City PAC
(10) Control Double of Carter Fortical Cubativision Fixe (11) Eduar E	Saliot Issue (including committee nivo	ived in multiple city/county ballot issues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (manda	atory except for a candidate's committee)
Name DORIS K. WALTERS	Name + A / 4	WALTERS
DORIS II. WALIERS	CZINF	WALLERS
Mailing Address + 2663 U.S. Hwy. 169	Mailing Address	PACIFIC LANE
City, State Zip Code AYR IA. 50 854		
MOUNT AYK 14, 50 854		
Phone (641) 464 - 2497	Phone (641) 342 ~	4612
, , , ,		
e-Mail INDICATE PURPOSE OF COMMITTEE - Check One Box A	e-Mail	
Comment or description:	Advocate for/against candidate(s) L. Ad	Ivocate for ballot issue(s)
All Candidates Enter:	County/Local Candidates of	Ivocate against ballot issue(s) nd Local Ballot Committees Enter:
All Candidates Enter: County Supervis	OR County/Local Candidates a	
7-10-07-14		9020
Political Party (if applicable)	(If active in multiple ballot is	e elections, attach list of counties
District:	Date of Election:	1 = 3 = 200 8
Year Standing for Election: 2009-2013	Dute of Election.	
Bank Account Name ↓ ↓	Candidate name & Address or Page 1	arent Entity (PACs, if applicable),
Bank Account Name ↓ ↓	_	ffiliate, or Sponsor
Bank Account Name ++ DALE E, WALTERS FOR SupERVI	_	ffiliate, or Sponsor
Bank Account Name ++ DALE E, WALTERS FOR SupERVI	SOR DALE É	
Bank Account Name ++ DALE E, WALTERS FOR SupERVI	SoR DALE E	ffiliate, or Sponsor , WALTERS
Bank Account Name DALE E, WALTERS FOR SUPERVI Name of Financial Institution/type of Account U. S. BANK	SoR DALE F Mailing Address J Ale63 U	MALTERS L.S. Hwy, 169
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Bank Account Name DALE E, WALTERS FOR SUPERVI Name of Financial Institution/type of Account U. S. BANK Mailing Address 101 S, Filmore St. City + +	SOR DALE F Mailing Address + + A City + + A CITY A	ffliate, or Sponsor NALTERS L.S. Hwy. 169 State + Zip + Th. 50854
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